

STUDENT FINANCIAL AID REPORT

Case Name						Case Number																													
Worker Name						County/Tribal Agency																													
Address																																			
City				State		Zip Code		Telephone Number ()																											
Student Name						Social Security Number																													
Address																																			
City				State		Zip Code		Telephone Number ()																											
School																																			
Completed by Student Financial Aid Officer: 1. Has the student applied for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Has the award letter been signed and returned to the school? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "no" to questions 1 or 2, please sign and date here and return to the county/tribal agency listed above. Signature _____ Date Signed _____ 3. Is the student enrolled at least half-time? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Does the curriculum normally require a high school diploma or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. What are the beginning and end dates of the current semester/trimester? From _____ To _____ 6. List <u>gross</u> amount of assistance, by semester/trimester and date of availability.																																			
		Date		Date		Date		Date		Date		Date																							
NDSI	\$		\$		WTG	\$		\$		JTPA*	\$		\$																						
WSL/ GSL	\$		\$		SEOG	\$		\$		VET*	\$		\$																						
PELL	\$		\$		OTHER	\$		\$		DVR*	\$		\$																						
WHEG	\$		\$		OTHER	\$		\$		CWSP	\$		\$																						
*County, contact the agency for the \$ amount.																																			
7. Budget items covered by student aid. <table style="width: 100%;"> <tr> <td>Tuition</td><td>\$ _____</td> <td>Books</td><td>\$ _____</td> <td>Other</td><td>\$ _____</td> </tr> <tr> <td>Mandatory Fees</td><td></td> <td>Miscellaneous</td><td></td> <td></td><td></td> </tr> <tr> <td>a. Origination & loan fees</td><td>\$ _____</td> <td>Personal Expenses</td><td>\$ _____</td> <td></td><td>\$ _____</td> </tr> <tr> <td>b. Curriculum specific costs</td><td>\$ _____</td> <td>Transportation</td><td>\$ _____</td> <td></td><td>\$ _____</td> </tr> </table>												Tuition	\$ _____	Books	\$ _____	Other	\$ _____	Mandatory Fees		Miscellaneous				a. Origination & loan fees	\$ _____	Personal Expenses	\$ _____		\$ _____	b. Curriculum specific costs	\$ _____	Transportation	\$ _____		\$ _____
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Financial Aid Officer's Signature									Date Signed																										
STUDENT AUTHORIZATION TO SHARE INFORMATION: I authorize the exchange of information between the county/tribal agency listed above, and the Student Financial Aid Office of the listed school. Information regarding the kinds and amounts of aid which I am receiving or I am eligible to receive through each program may be exchanged. I will be provided with a copy of any and all information exchanged between either agency upon my request.																																			
Student's Signature									Date Signed																										

Re: 7 CFR 273.9

White: County/Tribal Agency Yellow: Student Financial Aid Office Pink: Student